

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

-----X
THOMAS M. MOROUGHAN,

12-CV-0512

Plaintiff,

-against-

JUDICIAL SUBPOENA
DUCES TECUM

THE COUNTY OF SUFFOLK,
SUFFOLK COUNTY POLICE DEPARTMENT,
SUFFOLK DETECTIVES RONALD TAVARES, CHARLES
LESER, EUGENE GEISSINGER, NICHOLAS FAVATTA,
AND ALFRED CICCOTTO, DETECTIVE/SGT. WILLIAM J. LAMB,
SGT. JACK SMITHERS, SUFFOLK POLICE OFFICERS WILLIAM MEANEY,
ENID NIEVES, CHANNON ROCCHIO, AND JESUS FAYA AND
SUFFOLK JOHN DOES 1-10, THE COUNTY OF NASSAU,
NASSAU COUNTY POLICE DEPARTMENT,
SGT. TIMOTHY MARINACI, DEPUTY CHIEF OF PATROL JOHN HUNTER,
INSPECTOR EDMUND HORACE, COMMANDING OFFICER DANIEL FLANAGAN,
DETECTIVE/SGT. JOHN DEMARTINIS, NASSAU POLICE OFFICERS
ANTHONY D. DILEONARDO, EDWARD BIENZ AND JOHN DOES 11-20

Defendants.

-----X
TO: State of New York Workers' Compensation Board
175 Fulton Avenue
Hempstead, New York 11550

GREETINGS:

WE COMMAND YOU, that all business and excuses being laid aside, that you deliver to the office of the attorney representing the defendant, The Law Office of Anthony M. Grandinette located at 114 Old Country Road, Suite 420, Mineola, New York 11501, on March 14, 2013, at 9:00 a.m. the following records and information:

Complete certified copies of Workers' Compensation board records for:

Edward Bienz D.O.B. Employer Name: Nassau County Police Department
Employer FEIN: 12-3456789 Mailing Address 1490 Franklin Avenue, Mineola, New York
11501 Insurance Carrier: Triad Group, LLC Board W Number: W840003 (See Exhibit A)

Anthony DiLeonardo D.O.B. Employer Name: Nassau County Police Department
Employer FEIN: 12-3456789 Mailing Address 1490 Franklin Avenue, Mineola New York
11501 Insurance Carrier: Triad Group, LLC Board W Number: W840003 (See Exhibit B)

Failure to comply with this subpoena is punishable as a contempt of Court and shall make you liable to the person on whose behalf this subpoena was issued for a penalty not to exceed fifty dollars and all damages sustained by reason of your failure to comply.

WITNESS, Honorable A. Kathleen Tomlinson, a Magistrate Judge presiding in the United States District Court for the Eastern District of New York, this ____ day of _____, 2013.

SO ORDERED

A. Kathleen Tomlinson
United States Magistrate Judge

Date: February 28 20 13

Central Islip, N.Y.

SO ORDERED:

Magistrate A. Kathleen Tomlinson

EXHIBIT A



EMPLOYER'S REPORT OF WORK-RELATED INJURY/ILLNESS
State of New York - Workers' Compensation Board

EC-2**294**

If one of your employees has a work-related injury or illness, you must complete and file this form within 10 days of the injury/illness or be subject to a penalty. For additional information on filing this form please refer to Workers' Compensation Law Section 110.

WCB Case Number (if you know it): _____ Date of Injury/Illness: 2/27/2011

Carrier Case Number (if you know it): _____ Date of this Report: 2/27/2011

A. EMPLOYER INFORMATION

1. Employer Name: Nassau County Police Dept

2. Employer FEIN: 12-3456789 3. Phone Number: 516-573-8800

4. Mailing Address: 1490 Franklin Av Line 2: _____

City: Mineola State: NY Zip Code: 11501 Country: USA

5. Location Address (if different): _____ Line 2: _____

City: _____ State: _____ Zip Code: _____ Country: _____

6 Nature of Business or Industry Code:

Law Enforcement

7. OSHA Case Number (if known): _____ 8. NY UI Employer Reg Number: _____

INSURANCE CARRIER / SELF-INSURED EMPLOYER

If individually self-insured, enter your Board W Number and skip to Section C.

1. Board W Number: W840003

2. Carrier/Group Name: Triad Group LLC

3. Policy Number: _____

Policy Period - From: _____ To: _____

4. If Carrier Unknown, Insurance Agent Name

First Name: _____ Last Name: _____

5. Insurance Agent Phone Number: _____

C. EMPLOYEE'S PERSONAL INFORMATION

1. First Name: Edward Last Name: Bienz MI: _____

2. Date of Birth: _____ 3. Social Security Number: _____

4. Mailing Address: 1490 Franklin Av Line 2: _____

City: Mineola State: NY Zip Code: 11501 Country: USA

Contact Phone Number: _____ 6. Gender: ☒ Male ☐ Female

EXHIBIT B

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EMPLOYER'S REPORT OF WORK-RELATED INJURY/ILLNESS
State of New York - Workers' Compensation Board

EC-2

THIS FORM IS BEING SUBMITTED ELECTRONICALLY. DO NOT MAIL TO THE BOARD

If one of your employees has a work-related injury or illness, you must complete and file this form within 10 days of the injury/illness or be subject to a penalty. For additional information on filing this form please refer to Workers' Compensation Law Section 110.

***Required Fields**Select **(i)** for additional information

EC-2 (Rev. 12-2011)

This form has fields that become visible based upon your answers to certain questions.
 Grayed fields indicate the question can not be answered.

WCB Case Number (if you know it): _____ *Date of Injury/Illness: 2/27/2011
 Carrier Case Number (if you know it): _____ *Date of this Report: 2/27/2011

A. EMPLOYER INFORMATION (i)

1. *Employer Name: Nassau County Police Dept
 2. *Employer FEIN: 12-3456789 3. *Phone Number: 516-573-8800
 4. *Mailing Address: 1490 Franklin Av Line 2: _____
 *City: Mineola State: New York Zip Code: 11501 *Country: USA
 5. Location Address (if different): _____ Line 2: _____
 City: _____ State: Select State Zip Code: _____ Country: USA
 6. *Nature of Business or Industry Code:
 Law Enforcement
 7. OSHA Case Number (if known): _____ 8. NY UI Employer Reg Number: _____

B. INSURANCE CARRIER / SELF-INSURED EMPLOYER (i)

☐ Check if you are an individually self-insured employer, enter your Board W Number and skip to Section C.

1. Board W Number: W840003
 2. Carrier/Group Name: Triad Group LLC
 3. Policy Number: _____
 Policy Period - From: _____ To: _____
 4. If Carrier Unknown, Insurance Agent Name
 First Name: _____ Last Name: _____
 5. Insurance Agent Phone Number: _____

C. EMPLOYEE'S PERSONAL INFORMATION (i)

1. *First Name: Anthony *Last Name: DiLeonardo MI: _____
 2. *Date of Birth: _____ 3. Social Security Number: _____
 4. *Mailing Address: 1490 Franklin Av Line 2: _____
 *City: Mineola State: New York Zip Code: 11501 *Country: USA
 5. Contact Phone Number: _____ 6. Gender: ☒ Male ☐ Female

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

Thomas M. Moroughan

Plaintiff,

-against-

The County of Suffolk, Suffolk County
Police Department, Suffolk Detectives Ronald Tavares, Charles
Leser, Eugene Geissinger, Nicholas Favatta, and Alfred Ciccotto,
Detective/Sgt. William J. Lamb, Sgt. Jack Smithers,
Suffolk Police Officers William Meaney, Enid Nieves, Channon Rocchio,
and Jesus Faya and Suffolk John Does 1-10,
The County of Nassau, Nassau County Police Department,
Sgt. Timothy Marinaci, Deputy Chief of Patrol John Hunter,
Inspector Edmund Horace, Commanding Officer Daniel Flanagan,
Detective/Sgt. John DeMartinis, Nassau Police Officers Anthony D. DiLeonardo,
Edward Bienz and John Does 11-20

Defendants.

SUBPOENA

THE LAW OFFICE OF ANTHONY M. GRANDINETTE
Attorneys for the Defendant(s)
114 Old Country Road, Suite 420
Mineola, New York 11501
(516) 248-5317

TO:

ATTORNEY(S) FOR

Service of a copy of the within

Dated,

is hereby admitted.

SIR: PLEASE TAKE NOTICE



NOTICE OF ENTRY

that the within is a (certified) true copy of a
named court on 2012

duly entered in the office of the clerk of the within



NOTICE OF SETTLEMENT

that an order

HON.

of

one of the judges of the within named Court, at
2012 at A.M.

of which the within is a true copy will be presented for settlement to the
on the day

Dated: